

**Medicare / Medi-Cal Dual Eligible Claiming  
Services, Places of Service, and Provider Taxonomies for  
Direct Short-Doyle / Medi-Cal Billing  
Updated: 10/06/2010**

**June 30, 2009**

Per, DMH Information Notice 09-09, Targeted Case Management (T1017) was made directly billable to Medi-Cal upon Short-Doyle 2 (SD2) system startup.

**May 18, 2010 (SD2 Effective date)**

The following services were made directly billable to Medi-Cal (see DMH Information Notice 10-11 for more information):

H2011 - Crisis Intervention  
H2013 - Psychiatric Health Facility  
H0018 - Crisis Residential Treatment Services  
H0019 - Adult Residential Treatment Services  
S9484 - Crisis Stabilization  
H2012 - Day Treatment Intensive / Day Rehabilitation  
H2019 - Therapeutic Behavioral Services  
H0046 - Administrative Day Services

- Good cause delay reason code (DRC) "3" will allow counties to submit claims for dual eligible clients that are older than six months from the month of service but less than one year from the month of service. DRC "3" may be used for original or replacement Medi-Medi claims delayed due to implementation of new State edits for Medi-Medi billing. Medi-Medi replacement claims submitted due to the new edits will be exempt from the 97 day replacement rule.
- Original claims submitted over one year from the month of service will be denied.

**October 11, 2010 (Planned SD2 Effective Date)**

- Mobile or School (03 or 15) place of service
- Marriage Family Therapist (MFT) rendering provider taxonomy code (106H00000X)
- H2017 - Rehabilitation Services

**Other Medi-Medi Billing Edits in Review (with planned effective dates)**

**November 9, 2010**

1. Specialty mental health services are directly billable to Medi-Cal when the procedure modifier indicates:
  - Telephone services (SC procedure modifier, any place of service)
  - Services in the community (HQ procedure modifier with place of service 99 - 'Other')
2. Allow the use of good cause delay reason code (DRC) "3" for Targeted Case Management (T1017). The use of DRC "3" expires for all Medi-Medi billing after April 30, 2011. Claims with DRC "3" after this date will be denied.

**November 23, 2010**

1. Mental Health Services (H2015) are directly billable to Medi-Cal when the provider taxonomy code prefix is not:
  - 364 (Nurse Specialists)
  - 104 (Social Worker)
  - 363 (Nurse Practitioner / Physician Assistant)
  - 207 (Physician)
  - 208 (Physician)
  - 103 (Psychologists)
2. Allow procedure modifier "GT" on tele-psychiatry claims for Mental Health Services and Medication Support so that these Medicare billable services can be subsequently billed to SD/MC with "GT".

#### December 2010

1. Currently, Medication Support Services (H2010) must be first billed to Medicare. DMH is reviewing some H2010 billing scenarios proposed by counties that may be directly billable to Medi-Cal.
2. Plan Development is directly billable to Medi-Cal. Procedure coding in review.
3. Collateral billing is in review.

#### **Other (non Medi-Medi) Updates Planned for SD2**

#### October 25, 2010

1. Allow outpatient billing on day of discharge from inpatient psychiatric hospital.

#### November 2010

1. Allow billing to Medi-Cal after 90 days if there is no response from other health coverage payer.
2. Allow billing with POS 21 (Inpatient Hospital) or POS 51 (Inpatient Psychiatric Facility) without a discharge date unless the service is Targeted Case Management (T1017).
3. Update COB edit so that OHC = "F" (Medicare RISK HMO) is not considered Medicare coverage.
4. Make the HIPAA validation report ("SR file") available to counties in HTML format.